

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020700

FILED MAY 31 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5122

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2

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4

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12

13

DATE AMENDED

6/11/62

6/11/62

2059

2

1

1

1

1

+

77-0

77

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Cardiac insufficiency

Hypertensive cardiovascular disease

disease

attending physician

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

attending physician

18b

18c

Cardiac insufficiency

Hypertensive cardiovascular disease

disease

attending physician

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

attending physician

18b

18c

Cardiac insufficiency

Hypertensive cardiovascular disease

disease

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b
5 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5844 Cabanne

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
JasperMiddle
McCullumLast
McCullum4. DATE
OF
DEATHMonth
5Day
17Year
62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/31/08

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months
1Days
16

IF UNDER 24 HR

Hours
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Preacher

10b. KIND OF BUSINESS OR INDUSTRY

Ministry

11. BIRTHPLACE (City and state or country)

Pineola, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Leon McCollum

13b. MOTHER'S MAIDEN NAME

Ella Quinn

14. NAME OF HUSBAND OR WIFE

Flora McCollum

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Flora McCollum, 5844 Cabanne

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Infarction of Lungs

INTERVAL BETWEEN
ONSET AND DEATH

Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Cardiac insufficiency

DUE TO (c) Hypertensive cardiovascular disease

443 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Congestion of Lungs

Cysts of Kidneys, Lithiasis of GallBladder

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-8-62 to 5-17-62 and last saw him alive on 5-17-62
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sydney A. Fraser, M. D.

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

5-18-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5-23/62

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Charles J. Gates, Jr., 4107 Finney

25. DATE RECD. BY LOCAL REG.

MAY 21 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eugene Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Jimmy Col

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.